## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

	•		•								
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notificated.	form should be used correspondence including the below or directed of ations.	for training the	Patent, advance of in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new co	ot n orres	pondence address;	and/or	r (b) indicating a sepa	rate "FEE AD	DRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  7590 08/21/2006						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
Dillon & Yude 8911 North Cap Suite 2110	1 1 2006	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
Austin, TX 7875			(Depositor's name)								
			A PA	ADEMAS						(Signature)	
										(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	Y DOCKET NO. CONFIRMATION NO.			
10/062,348 01/31/2002				David Yu Chang		AUS920010978US1 3450					
FITLE OF INVENTION	I: MULTIPLE SECURE	SOCK	ET LAYER KEYF	FILES FOR CLIENT I	LOGI						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DU		PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE	DUE	
nonprovisional	NO	\$1400		\$300		\$0		\$1700 11/		/2006	
EXAMINER			ART UNIT	CLASS-SUBCLASS							
BROWN, CHI	RISTOPHER J	2134	713-193000								
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of united 2 registered patent attorneys or agents. If he name is listed, no name will be printed.							
. ASSIGNEE NAME A	ND RESIDENCE DATA	TOE	E PRINTED ON T				107	ona na na			
							ee is id	lentified below, the do	cument has be	een filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
International Business Armonk, New York											
Machines Co	orporation iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🖎 Co	roorati	on or other private gro	up entity 🔲	Government	
a. The following fee(s)	are submitted:	4b	<ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0447 (enclose an extra copy of this form).</li> </ul>								
a. Applicant claim	tus (from status indicated	s. See	37 CFR 1.27.	☐ b. Applicant is no	long	ger claiming SMAL	L ENI	TITY status. See 37 CF	R 1.27(g)(2).		
NOTE: The Issue Fee and the left as shown by the i	d Publication fee (if requeecords of the Whited Sta	uired) v tes Pat	vill not be accepted ent and Trademark	l from anyone other th Office.	an th	ne applicant; a regis	stered a	attorney or agent; or th	assignee or o	ther party in	
Authorized Signature					-2006						
Typed or printed name			Registration N								
his collection of inform	ation is required by 37 C	FR 1.3	11. The informatio	n is required to obtain	or re	etain a benefit by th	ne publ	ic which is to file (and	by the USPTC	) to process)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.